



# Friends of Science in Medicine

Newsletter 14 - 7 October 2016

## What's New Since Our Last Newsletter?

### Media Release: “Acupuncture Found to be Pointless”

(25 July 2016)

‘Complementary and Alternative Health’ practices are increasingly coming under scrutiny as government looks for ways of cutting waste from the escalating health budget. Removing subsidies for interventions, pills and potions which don’t work is an obvious starting point.



**NHMRC** The recent government-commissioned report from Australia’s top health research body, the National Health and Medical Research Council, found no credible scientific evidence of clinical effectiveness for any of the 18 most commonly used ‘Alternative’ modalities (reflexology, homeopathy, iridology etc.).

Friends of Science in Medicine (FSM) emphasises the importance of having credible scientific evidence of clinical effectiveness underpin the delivery of subsidised health-care in Australia. It is now time to add acupuncture to the list of interventions for which there is no evidence of efficacy, a primary requirement for Medicare support.

In a comprehensive review, FSM has detailed the origins of acupuncture, the many conflicting and contradictory aspects of its practice, its incompatibility with established scientific principles and the inconsistency of the beliefs and practices of different schools of acupuncturists. Despite millions of dollars spent on research into its possible effectiveness, there is no consistent evidence that acupuncture provides any lasting benefit beyond a powerful placebo effect.



The review is available at <http://www.scienceinmedicine.org.au/images/pdf/acupuncturereview.pdf>.

“Acupuncture has been studied for decades and the evidence for any clinical benefit continues to be weak and inconsistent,” said neuroscientist and FSM executive member, Professor Marcello Costa, “There is no longer any justification for more studies. There is more than enough evidence to confidently conclude that acupuncture doesn’t work.”

### Cease Support

**FSM therefore calls on governments and health agencies to cease supporting the use and funding of acupuncture.**



[www.scienceinmedicine.org.au](http://www.scienceinmedicine.org.au)



[info@scienceinmedicine.org.au](mailto:info@scienceinmedicine.org.au)



‘Follow’ us on Twitter @FriendsofSciMed



‘Like’ our Facebook Page



PO Box 631, Morayfield, QLD, 4506

### Inside this Issue:

What’s New Since Our Last Newsletter?	1	Pharmacy News	5
Media Release: “Acupuncture Found to be Pointless”	1	Australian Health Practitioners Regulation Agency	7
A Second Nobel Laureate joins FSM!	2	RANZCOG	10
FSM Executive News	3	Six Signs you are being Treated by a Quack: Special Report. Edzard Ernst	10
Universities	4	Recent Publications by our Friends	12



**Sir Richard J Roberts**



**Prof Peter C Doherty AC**

## A Second Nobel Laureate joins FSM!

We were delighted to add Nobel Laureate [Sir Richard J Roberts](#) to our list of Friends. Sir Richard is one of the Nobel Laureates demanding that Greenpeace “[stop bashing genetically modified \(GMO\) foods](#).” The ‘[Nobel Laureates Campaign](#)’ champions the use of [GMOs and Golden Rice](#), which can prevent Vitamin A deficiency, one of the commonest and most widespread types of world-wide [malnutrition](#), which can cause blindness in children.

**You Can Add Your Voice Here:**

[http://supportprecisionagriculture.org/join-us\\_rjr.html](http://supportprecisionagriculture.org/join-us_rjr.html)



Our first Nobel Laureate was [Professor Peter C Doherty AC](#), Department of Microbiology and Immunology, University of Melbourne

## FSM Executive News

### ANZAAS Medal for Executive Member, Dr Ken Harvey



**Dr Ken Harvey**

The Australian and New Zealand Association for the Advancement of Science (ANZAAS) Medal for 2016 has been awarded to Dr Ken Harvey, MBBS FRCPA, Adjunct Associate Professor, School of Public Health and Preventive Medicine, Monash University, Victoria.

The medal is awarded each year for services to the advancement of science or administration and organisation of scientific activities, or the teaching of science throughout Australia and New Zealand and for contributions to science that lie beyond normal professional activities. [Sir Gus Nossal](#) and [Sir Mark Oliphant](#) were previous winners of this medal.



The Medal was presented by Dr Malcolm Jenkins, Chair of ANZAAS, on the 17th August 2016.

### Additional Administrators to the FSM Facebook Team

**facebook**

**100,000**

**READERS**



Medical students Jack Garland and Luke Corish, biomedical engineering student, Kurt van Ryswyk, and medical doctor, Dr Rob Pearlman, have joined our Facebook Administration team.

Combining posts on ‘alternative medicine’ and conventional medical news – with the occasional cartoon – Dr Pallave Dasari and her Facebook team are connecting with an increasing number of younger fans, reaching up to 100,000 readers per week. FSM has now over 5,000 ‘likes’ in Facebook and over 1,000 ‘followers’ in twitter.

### Complementary & Alternative Medicine Blog

**(the view of a previous insider)! - Frank Van der Kooy**



[\*Money makes the world go round. The complementary medicine industry partnering with media outlets – the logical next step?\*](#)

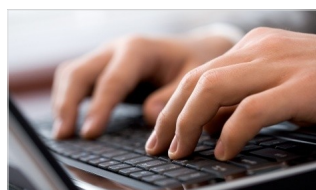
Analytical Chemist, Dr Van der Kooy, exposes pseudo academia and vested interests.



## Universities

### Monash University

In August 2016, [Australia Plus \(A+\)](#), The Australian Broadcasting Commission's International multi-platform media service added Swisse Wellness Pty Ltd to its 'Partnership Portfolio'. It plans to promote the vitamin giant's products throughout the Asia-Pacific region. Swisse Wellness was A+'s third 'foundation partner', joining the Victorian government and Monash University. We were disturbed when the ABC [published a diagram](#) of their partners, linking Monash University to Swisse Wellness and giving the perception that the university was in a partnership with Swisse.



FSM wrote to the Vice Chancellor to express our concerns about the 'partnership' diagram, suggesting that the perceived partnership could damage the reputation of the University. FSM requested that the university ask A+ to withdraw the diagram in question and to take steps to make it clear to all parties and the public that they do not have any form of partnership with Swisse. The company aggressively markets complementary

medicines and supplements, often making claims for efficacy and need not supported by credible scientific studies.

The Monash VC (Margaret Gardner) responded: "The Monash partnership is a stand-alone partnership with ABC International and is in no way in partnership with Swisse or the Victorian Government. Some stakeholders were initially concerned this was not the case, given that the Monash University logo appeared on the ABC International website alongside the logos of their other partners the Victorian Government and Swisse. Following the initial announcement of partnerships, ABC International has made iterative changes to its website, including how it has acknowledged and presented its partner organisations".

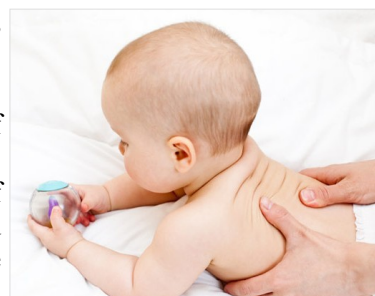


ABC International

A considerable improvement!

### Victoria University

FSM was concerned to note that the Victoria University website was advertising services in their Osteopathy clinics for babies and children. They operate clinics at their St Albans and City Flinders Campuses. FSM contacted Associate Professor Gary Fryer, Discipline Leader of Osteopathic Medicine, about this issue. The clinic's website claims, "Osteopathic treatment may be helpful in the management of constipation, menstrual complaints, pregnancy ailments, reflux, and colic in children". The intervention used for these problems is the thoroughly discredited technique Osteopaths call 'visceral manipulation'.



Dr Fryer reviewed the website and immediately removed the claims made for these conditions. He mentioned that these interventions have not been offered at this clinic for the last few years and will not be offered in future.

Dr Fryer also stated that Victoria University does not teach '[Barral](#) visceral manipulation', which he agreed was both implausible and not based on evidence.

FSM congratulates the University on its prompt action.





## University of New England



Two courses, the [Graduate Diploma in Health Science](#) and [Master of Health Science](#) “will no longer be offered from 2017” by the University of New England (UNE). These courses claimed to provide “qualified health practitioners with clinically orientated education in modern western Herbal Medicine”. They were devised and written by Associate Professor Kerry Bone, the National President of the Health Australia Party. Until last year, the party was the 'Natural Medicine Party' promoting 'natural remedies'. One of their candidates also promotes homeopathic vaccinations as being “[90 per cent effective against epidemic infectious diseases](#)”.

FSM congratulates UNE.

## University of Western Sydney

### National Institute of Complementary Medicine



In July 2016, Blackmores Foundation Pty Ltd funded the University of Western Sydney's National Institute of Complementary Medicine, with \$5 million for 'Integrative Medicine Research, Clinical trials and education'. While supporters of [integrative medicine](#) claim that it gives patients the “best of both worlds” by selectively incorporating elements of ‘complementary and alternative medicine’ into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment, in reality it is regarded by many clinical authorities as an ill-conceived concept which turns out to be largely about the commercial promotion and use of unproven or disproven therapies. It is therefore in conflict with the principles of both evidence-based medicine and medical ethics.

### ‘Webster Technique’ and Moxibustion

FSM wrote to [Hannah Dahlen](#), Professor of Midwifery, School of Nursing and Midwifery (and Executive member, [Australian College of Midwives](#)) about links attached to her article on the website ‘[Pregnancy, birth and beyond](#)’ which suggests that she supported the use of both the chiropractic ‘Webster Technique’ and ‘moxibustion’ to facilitate breech version in late term pregnancy.

The ‘further reading’ links were immediately removed from the end of her article and the article supporting the 'Webster Technique' has been removed from the website.



## RMIT/CQUniversity



Advertising offences are managed by the Australian Health Practitioners Regulation Agency, on behalf of the National Boards. They are currently responding to [more than 600 complaints](#) provided by FSM relating to chiropractic advertising.

While the majority of chiropractors complained about might be caring practitioners, who genuinely believe that their interventions are effective, their beliefs are often based on disproven dogma, the selective use of poor-quality evidence, and personal experience subject to bias. This is no longer an appropriate basis on which to promote and practice therapeutic interventions.

As many aspects of Chiropractic are regarded as ‘pseudoscience’, Dr Ken Harvey, in order to better educate their students, wrote to both RMIT & Central Queensland University offering joint seminars with Monash University on “the critical appraisal of evidence in chiropractic promotion and practices”. With the exception of treating back pain, the therapeutic value of chiropractic has not been demonstrated beyond reasonable doubt.



Both Universities declined.



## Murdoch University

[Associate Professor Bruce Walker](#) is the Head of the Chiropractic program and Associate Dean (Research) within the School of Health Professions at Murdoch University. ‘[The New Chiropractic](#)’, by [Dr Walker](#), was published in the ‘Chiropractic and Manual Therapies’ Journal, setting out a ten-point plan which aims to re-make chiropractic, turning it into an evidence-based spine specialty, by abandoning all the pseudo-scientific baggage.

The article was reviewed by Dr Mark Crislip MD, from [ScienceBasedMedicine](#) and [Edzard Ernst](#).

## Pharmacy News

### Pharma Sutra - (Checkout)



FSM continues to be frustrated at the drift away from the provision of evidenced -based care by today’s pharmacists. Our campaign to address this problem is led by respected pharmacist, Ian Carr, who appeared on a [Checkout piece](#) critical of pharmacists’ selling complementary products, the use of which is not supported by credible evidence of effectiveness.

There is no organisation within the pharmacy industry to address this issue, even though so many involved professionals habitually breach the ethical standards they claim to support.

The Pharmacy Guild cannot take action as it is the pharmacy owners' organisation, not the professional association of practising pharmacists. Its main role is to support the operation of pharmacy businesses with business services, wage and rent negotiations, and by dealing with the Pharmaceutical Benefits Scheme (PBS) for remuneration. The Guild itself has no regulatory role.

The Guild has supported the National Health and Medical Research Council (NHMRC) on homeopathy. However, with respect to ‘complementary medicines’, the current Therapeutic Goods Administration (TGA) system permits goods to be accepted on the basis of ‘traditional’ use (even when the products fail when tested) or where the product information states “may assist with”, despite very weak evidence. The TGA has shown no interest in establishing the effectiveness of listed goods.

### Review of Pharmacy Remuneration and Regulation



**Discussion Paper**

The Review of Pharmacy Remuneration and Regulation [discussion paper](#) was released on 27 July 2016. This review was a key commitment in the \$18.9 billion pharmacy agreement negotiated with the Guild by the Federal Government in its last term. The Review Panel, headed by Stephen King from the Productivity Commission, is “committed to consulting broadly to gain an extensive view of pharmacy in Australia and the factors contributing to patient health outcomes and the quality use of medicines”.



With many of our 5,500 pharmacies selling unproven drugs and therapies to supplement their incomes, concerned consumers “put to the panel that community pharmacists face conflicts of interest between their role as retailers and as healthcare professionals”.



Concerns were also raised that “[pharmacists may compromise on the level of professional advice provided to patients on the quality use of medicines and feel financial pressure to ‘up-sell’ to consumers](#)”. “For example, by recommending medicines or products that may not be necessary for the patient. It was also claimed that many complementary products do not have evidence-based health benefits and as such, the sale of these products in a pharmacy setting may misinform consumers of their effectiveness and undermine the professional integrity of community pharmacists.”



*continued from page 5*

The discussion paper questions the very nature of what pharmacists do, and what they charge, and asks if they should be put to better use. Questions raised include:

- \* Should complementary products be available at a community pharmacy, or does this create a conflict of interest for pharmacists and undermine health care?
- \* Does the availability and promotion of vitamins and complementary medicines in community pharmacies influence consumers' buying habits?
- \* Do consumers appreciate the convenience of having the availability of vitamins and complementary medicines in the one location? and
- \* Do consumers benefit from the advice (if any) provided by pharmacists when selling complementary medicines?

One reform option canvassed in the discussion paper is to set a 'maximum ratio' of floor space within pharmacies dedicated to retail and 'professional' services for those pharmacies receiving PBS funding.



A short on-line survey was also available for pharmacists and members of the general public to respond to a selection of core issues raised in the Discussion Paper.

The FSM submission is available at <http://www.scienceinmedicine.org.au/images/pdf/pharmacyreview.pdf>.

The Final Report is scheduled to be released in March 2017.

## Australian Health Practitioners Regulation Agency

### *National Act and Scope of Practice*

On 7 July 2016, Professor John Dwyer, Dr Ken Harvey and our legal adviser met with the Australian Health Practitioners Regulation Agency (AHPRA) representatives, Martin Fletcher, (Chief Executive Officer), Chris Robertson, (Executive Director, Strategy and Policy), and Diana Newcombe, (National Director, Legal Services), to discuss chiropractic. Tabled at the meeting was a sample of some of the [400 websites](#) which have been under investigation by AHPRA since January 2016. Six months on, only 31% are compliant with the Chiropractic Board of Australia's (CBA) pronouncement on advertising.



At this meeting, FSM and AHPRA clearly had differing opinions on the measures necessary to improve the compliance of registered practitioners with the National Law and with National Board guidelines with respect to promotion and practice. After a lengthy discussion, FSM are still of the view that, if certain forms of promotion and practice are common, lack an evidence base, are exploitative, and harm consumers either directly or by delaying more evidence-based treatment and/or causing unnecessary financial outlays, and the chiropractors using or advertising them have not responded to many years of Board education, then further measures are warranted. FSM argued that, in this situation, limiting the scope of practice of registered practitioners deserves serious consideration.

**Extraordinary Situation**

**Ministerial Directions**

**AHPRA**

It is likely that the architects of the National Law did not envisage a situation where hundreds of registered practitioners would be engaged in practices which they are not allowed to advertise because those practices are without merit and cause harm. Given these circumstances, it seems important that the Ministerial Council, once educated about the problems now faced, re-visit the Act, to adequately protect consumers. As FSM sees it, in this extraordinary situation, Ministerial directions should be provided to AHPRA that is important and appropriate that the regulator and its Boards use their legislated restriction powers to rein in unacceptable practices. Such an action at this time would not have any flow-on effect restricting constructive innovation and flexibility within the health professions.





## AHPRA/CBA Stakeholders Forum



FSM was invited to attend an [AHPRA/CBA Stakeholders Forum](#) held on 28 July 2016. Also attending were representatives from the Australian Commission on Safety and Quality in Health Care, Choice, the Chiropractors' Association of Australia National and Chiropractic Australia. (This followed a [Sydney University Health-Law Seminar](#) on the promotion of therapeutic goods and services held earlier this year.)

Ten minutes were allocated to FSM. Our presentation argued that, if you are not permitted to advertise an intervention, you should not practise it, but this was rejected.

Following this forum, the CBA issued a newsletter which included [a note from the Chair](#) to again remind its registrants that their "advertising must comply with section 133 of the Health Practitioner Regulation National Law, as in force in each state" and territory (the National Law)". The note emphasised that the burden is on chiropractors to substantiate any claim they make that attributes benefits to their treatments, but FSM believes that the majority of chiropractor do not seem to understand this concept and that little will change.

Following the Forum, AHPRA [laid charges](#) for false and misleading advertising against a NSW chiropractor.

## Chinese Medicine Board of Australia

Concerned about false and misleading claims for acupuncture for children and invalid pathology tests, FSM wrote two letters to the Chinese Medicine Board of Australia (CMBA) on their need for directives to their registrants.

## Evidence-based Medicine and Acupuncture

There are no sound scientific data to support the use of acupuncture for any disease or disorder. However, there were over 30,000 referrals under the [Medicare Medical Benefits schedule](#) (MBS) during the past 5 years for acupuncture, for children under 16, costing the taxpayers over \$1million.



FSM's main concerns are not only the inefficacy of acupuncture, the waste of patients' money and the inability of children to give informed consent, but the major concern that this unproven alternative therapy might delay or prevent evidence-based diagnosis and therapies. Children can be harmed.

CMBA practitioner websites claim "[Acupuncture for Children: Safe, gentle & effective for kids](#)" and "it is a powerful healing modality that treats a wide range of children's health issues naturally and effectively". CMBA registrants also claim that acupuncture is for "More than pain relief" and that it can "treat many conditions" including: "Coughs & Colds, Asthma, Constipation, Diarrhoea, Colic, Eczema, Psoriasis, Rashes, Allergies, Autism & ADHD, Anxiety, Bedwetting, Sleep problems, Poor/Chronic low immunity, Headaches, Nausea and more", "[because acupuncture works by stimulating the body to heal itself, it can be used to strengthen and support the body no matter what the condition](#)".

While FSM appreciated that the MBS covers acupuncture services by registered medical practitioners, and not by registered Chinese medicine practitioners/acupuncturists, acupuncture is a key component of traditional Chinese medicine and AHPRA would undoubtedly be guided by the CBMA on the lack of scientifically valid evidence for the efficacy and safety of acupuncture in children.

**40 Cochrane  
Reviews  
on *Fail*  
Acupuncture X**

The CMBA Code of Conduct is meant to define the key expectations of good practice, and should make it clear that the personal beliefs and values of their registrants are secondary to the promotion and delivery of valid health care to their patients.

More than 40 Cochrane Reviews have failed to support the clinical efficacy of acupuncture for any condition.

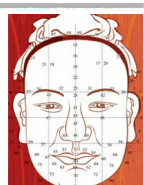


*continued from page 7*

FSM asked the Chair of the CMBA to review both the CMBA Code of Conduct and website to educate his registrants on the outcome of Cochrane Reviews to ensure that they are not targeting young families.

The response from the Chair failed to discuss any issues relating to the inefficacy of acupuncture. In his response, the Chair stated that the Board will only act “where there is evidence that the practice of a Chinese medicine practitioner or group of practitioners may be unsafe or create a significant risk of harm to the public” and will take action when there are “concerns about the advertising, conduct or performance of a Chinese medicine practitioner to be brought to its attention”

### ***Evidence-based Medicine and ‘Traditional Chinese Medicine’ Diagnostic Tests***



Traditional Chinese Medicine (TCM) websites claim that it “[is a comprehensive and non-invasive health care system which is used to effectively diagnose .... illness](#)”. FSM wrote to the Chair, CMBA, about our concerns about claims made for the efficacy of TCM tests, including 'pulse and tongue diagnosis' and [Chinese face reading](#).

Advertised claims about TCM diagnostic tests are deemed to be false and misleading because they do not provide scientifically acceptable evidence to show that the techniques:

- \* are reproducible when used repeatedly or when used by different practitioners on the same patient (have analytical validity);
- \* reflect the reality in the patient’s body and can be used to predict that a person has or is likely to develop a particular disease (clinical validity), and
- \* enable the patient to make appropriate health care decisions (clinical utility).

TCM diagnostic tests are unlikely to have relevance to patients’ actual health problems and should not be advertised as the basis for decision-making in healthcare. They could be harmful, leading a patient to making wrong health-care decisions. The end results can be patients’ being harmed financially or medically through false diagnosis and unnecessary treatment or delayed diagnosis of a real clinical problem.

**Wrong  
Health-care  
Decisions**

FSM asked the Chair to educate CMBA registrants on what constitutes a valid diagnosis, that they inform their patients on the lack of scientific validity of TCM diagnosis and that they remove any advertising claims relating to their clinical effectiveness.

FSM received a similar response to its previous letter. It ignored the lack of efficacy of the invalid TCM tests, but stated that they are "keen for any matters where there are concerns about the advertising, conduct or performance of a Chinese medicine practitioner to be brought to its attention so it can take action when appropriate to protect the public".

### ***Osteopathy Board of Australia***



On 2 June 2015, FSM wrote to the Osteopathy Board of Australia (OBA) detailing our concerns about ‘Osteopathy of the cranial field (OCF)’ - also called ‘cranial osteopathy’, ‘cranial’ and ‘cranio-sacral therapy’ and ‘bio-dynamic osteopathy’. We asked the Board to publish, on their website, a position statement communiqué on this belief-based intervention. While the OBA did publish a bulletin “[Is your advertising compliant?](#)” (17 June 2015), their response to FSM (22 July 2015) dismissed our request to reject OCF on grounds that it “is regularly

performed and included as a treatment approach by numerous registered osteopaths worldwide”, and that their focus was only on risk of harm and not on efficacy.

On 26 April 2016, FSM again wrote to the Board about our concerns about osteopaths using ‘paediatric manual therapy’ to treat common neonatal and infant conditions allegedly amenable to manual therapy. These conditions include birth trauma, plagiocephaly, postural asymmetry, feeding problems and failure to thrive, sleep disorders and gastro-intestinal disorders, such as infant colic. There is no sound scientific evidence that any of the identified conditions can be treated by any manual therapy.







*continued from page 8*

FSM asked the Board to follow the lead of the Chiropractic Board of Australia (CBA) and publish – and e-mail out - to their registrants - their own version of the CBA's statement on advertising, rejecting belief-based osteopathic interventions claiming to be able to treat neonates, infants and children, to ensure that they are not targeting young families.

More than two years ago (July 2014), FSM sent a report to AHPRA, including the names of 50 osteopathy registrants who claimed to be experts in 'paediatric osteopathy'. Following our letter (April 2016), the Board responded (June 2016) that AHPRA had reviewed the websites of the identified registrants and that they were "all ultimately compliant". FSM reviewed these websites; the majority continue to breach the advertising code. <<http://www.scienceinmedicine.org.au/images/pdf/osteopaediatrics.pdf>>. We formally complained about these inappropriate advertisements.

50 Osteopathy Registrants

Experts in Paediatric Osteopathy

## Second Letter



The Osteopathy Board sent a second letter to FSM (August 2016), stating that "the public is entitled to receive safe, ethical and competent care from osteopaths". The OBA continues to ignore the lack of efficacy of a range of invalid osteopathy interventions. A recent Google search using 'paediatric osteopathy' for Australia identified [over 200 links](#), with some registrants continuing to claim that they to run 'Osteopathic Paediatric' centres.

FSM again wrote to the OBA, emphasising that, six years since the inception of AHPRA, their Board has made no progress to move from osteopathy's 'alternative medicine' roots to an evidence base. FSM again requested that the Board follow the lead of the CBA and reject osteopathic manipulation interventions which claim to alter the course of organic disorders and diseases, to instruct their registrants that they cannot advertise these interventions and to prosecute those who do not follow this instruction.

FSM remains concerned that the Board is deliberately ignoring the promotion of pseudo-scientific interventions primarily targeting neonates, infants and children, including 'Paediatric Manipulation' and 'Osteopathy of the Cranial Field (OCF)' and the implausible intervention called 'Visceral Manipulation (VM)'.



## Various Boards and Manipulation Therapy

Following the publication (7 March 2016) of the [Statement on Advertising](#) by the Chiropractic Board of Australia (CBA), FSM wrote to AHPRA and the Chairs of the CBA, Medical Board, Physiotherapy Board, Osteopathy Board and the Nursing and Midwifery Board. We asked that the section 'Inappropriate claims of benefit' from the CBA communiqué, with the term 'for spinal problems' removed, be accepted by their Boards.



False & Misleading Claims



In our letter, we attached images from the websites of registrants of false and misleading claims made that manipulation could alter the course of a wide range of disorders and diseases including asthma, ADHD, bed-wetting, blocked tear ducts, crying, colic, constipation, co-ordination difficulties, ear infections, feeding and attachment difficulties, including after tongue-tie release, digestive problems, irritability, learning difficulties, recurrent infections, reflux, restlessness, sinusitis, sleeping difficulties and still or wry neck.

Courses promoting these concepts continue to attract [Continuing Professional Development](#) hours and, while FSM understands that [most Universities](#) no longer teach these interventions, students continue to be placed, for work experience, in practices where they are widely used.



## Royal Australian and New Zealand College of Obstetricians and Gynaecologists

### Acupuncture

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) has endorsed our [Acupuncture Review](#).

### 'Webster Technique'

On 5 January 2015, FSM wrote to the RANZCOG, concerned about the validity, efficacy and safety of the 'Webster Technique', used by hundreds of chiropractors, to treat pregnant women.

We requested a public statement about chiropractors' "giving obstetric care and advice outside minor musculoskeletal disorders" which, we suggested, should include a warning that chiropractors "should not attempt to turn foetal positions". At that time, the College did not issue such a statement.



In view of a recent directive, issued as part of a [statement on advertising](#), from the Chiropractic Board of Australia, we again wrote to the RANZCOG, asking for support for our ongoing concerns about chiropractors continuing to treat pregnant women to reduce risk of caesarean delivery and in particular using their 'Webster Technique' to facilitate breech version.

We also asked the College for a statement rejecting other claims by alternative practitioners who apply any direct treatment to an unborn child or who deliver any treatment to unborn children.

On 16 September 2016 the College published a communiqué '[Delivery of Chiropractic Therapies to the Unborn Child](#)'. "RANZCOG supports the Chiropractic Board of Australia in its clear position that chiropractic care must not be represented or provided as a treatment to the unborn child as an obstetric breech correction technique. Chiropractors should not be using the 'Webster Technique' or any other inappropriate breech correction technique to facilitate breech version as there is insufficient scientific evidence to support this practice". A good outcome.

## Six Signs you are being Treated by a Quack a Special Report by Professor Edzard Ernst

The term 'quack' is often employed as a disrespectful description for clinicians, particularly those who are unskilled, ignorant, dishonest and employ bogus therapies for a profit. Quacks are everywhere, but alternative medicine seems like a promised land to them. Quackery endangers our wealth and, more importantly, our health.



To protect yourself from quackery, it is essential to be able to recognise the quacks' 'tricks of the trade' and to take appropriate action against them. I will disclose some of the most popular ploys used by quacks operating in the realm of alternative medicine, and I will offer some advice on quackery prevention.

### 1. Treating non-existent conditions

Alternative practitioners may diagnose a 'subluxation' (chiropractic) or 'chi deficiency' (traditional Chinese medicine) or may claim that your 'vital force' (homeopathy) needs boosting.

My advice for avoiding such exploitation: make sure that the diagnosis given by someone you suspect of quackery is correct; if necessary, consult a real healthcare professional.

### 2. It must get worse before it gets better



Called a 'healing crisis', this is a phenomenon for which no compelling evidence has ever been produced. It is little more than a trick of the trade to make patients continue supporting the quack's livelihood.

My advice: when you hear the term 'healing crisis', go and find a real doctor to help you with your condition.

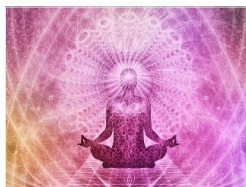


### 3. A cure takes a long time

The continuation of ineffective treatments despite the absence of any improvement is usually not justifiable on medical grounds. It is, however, entirely justifiable on the basis of financial considerations: quacks rely on their patients' regular payments and will therefore think of all sorts of means to achieve this aim.

My advice is to see a clinician who can help you within a reasonable and predictable amount of time. Insist on a proper treatment plan from the outset and stop if it is not fulfilled.

### 4. Thinking holistically



The notion that alternative medicine takes care of the whole person attracts many consumers. Never mind that nothing could be further from being holistic than, for instance, diagnosing conditions by looking at a patient's iris (iridology), or focussing on her spine (chiropractic, osteopathy), or massaging the soles of her feet (reflexology). And never mind that any type of good conventional medicine is by definition holistic. What counts is the label, and 'holistic' is a most desirable one indeed. Nothing sells quackery better than holism.

My advice: take holism from quacks with more than a pinch of salt.

### 5. Detoxification



Detox is short for detoxification which, in real medicine, is the term used for weaning addicts off their drugs. In alternative medicine, however, the term has become a marketing tool devoid of any medical sense. The poisons in question are never accurately defined. Instead, you will hear vague terminologies such as metabolic waste products or environmental toxins.

Your body has organs (skin, lungs, kidneys, liver) which take care of most of the toxins you are exposed to. If any of these organs fail, you do not need homeopathic globuli, detoxifying diets, nor electric foot baths, nor any other charlatanism; in this case, you are more likely to need intensive care in an A&E department. None of the alternative therapies claimed to detox your body do, in fact, eliminate any toxin.

My advice is, as soon as you hear the word 'detox' from an alternative practitioner, ask for your money back and go home.

### 6. The test of time



Many alternative therapies have been around for hundreds, if not thousands, of years. To the quacks, this fact means that these interventions have 'stood the test of time'. They argue that acupuncture, for instance, would not be in use any more, if it were not effective. For them, the age of their therapy is like a badge of approval from millions of people before us, a badge that surely weighs more than any amount of scientific studies.



The fact that acupuncture or any other alternative therapy was developed many centuries ago might just indicate that it was invented by people who understood too little about the human body to come up with a truly effective intervention. And the fact that blood-letting was used for centuries (and thus killed millions), should teach us a lesson about the true value of 'the test of time' in medicine.

My advice is to offer leeches, blood-letting and mercury cures to the quacks who try to persuade you that the 'test of time' proves anything about the value of their quackery.

*This was part one of a series of five posts on Professor Ernst's blog titled "[The tricks of the quackery trade](#)".*



## Recent Relevant Publications by Friends

### 'The Bitter Pill' - Australasian Science

Ken Harvey [\*Australian Chiropractors Manipulate the Evidence\*](#)  
 Ian Harris [\*The Ultimate Placebo\*](#)  
 Rosemary Stanton [\*Is Saturated Fat Good or Bad?\*](#)  
 Bruce Campbell [\*Dodgy Tests and Dodgy Diagnoses\*](#)

### The Conversation

Ken Harvey [\*Chemmart's myDNA test offers more than it can deliver\*](#)

### MJA Insight

Ken Harvey & John Dwyer [\*Will chiropractors listen to stakeholder forum?\*](#)

### Policy Options Politiques

Timothy Caulfield [\*Olympic debunk!\*](#)

### Science-based pharmacy (Scott Gavura)

[\*Should you try a "natural alternative" before medication?\*](#)

### Respectful Insolence (David Gorski)

[\*My last word \(I hope\): Michael Phelps, cupping, and "integrative medicine"\*](#)  
[\*How should we deal with vaccine hesitancy, refusal, and antivaccine beliefs\*](#)

### Forbes

Steven Salzberg [\*Michael Phelps Is Getting Some Awful Medical Advice \(And Bruises Too\)\*](#)

### Edzard Ernst

[\*Does chiropractic have a future?\*](#)  
[\*The current cupping craze\*](#)  
[\*Taking the piss again? The story of urine therapy in India\*](#)  
[\*Promoting Rhino horn as medicine at an Australian university: Has this contributed to the exponential rise in Rhino poaching?\*](#)  
[\*Does the tolerance of extreme quackery make acupuncturists quacks?\*](#)  
[\*Acupuncture found to be pointless\*](#)

### Science Based Medicine

Harriet Hall [\*If You Think Doctors Don't Do Prevention, Think Again\*](#)  
 David Gorski [\*On the pointlessness of acupuncture in the emergency room...or anywhere else\*](#)  
 Steven Novella [\*Pharmacists Selling Snakeoil\*](#)  
 Scott Gavura [\*Should you try a "natural alternative" before medication?\*](#)  
 Mark Crislip [\*The New Chiropractic. And I thought SBM had an uphill battle.\*](#)

**We would like to ask our supporters to alert their friends to the important role being played by Friends of Science in Medicine and to encourage them to join as a Friend, 'like' our Facebook or 'follow' us on twitter, or add their support in other ways.**

**You can contact us at:**

**[info@scienceinmedicine.org.au](mailto:info@scienceinmedicine.org.au) (Email)**

**<http://www.scienceinmedicine.org.au> (Website)**